

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.		FIRST John	MI T	OFFICE USE ONLY
	NICKNAME		LAST Ketner	SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	209 Stratus El Paso TX 79912				
5 CAMPAIGN TREASURER NAME	TITLE Mr.		FIRST John	MI T	CITY CLERK DEPARTMENT
	NICKNAME		LAST Ketner	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	209 Stratus El Paso TX 79912				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(915)	433-0966			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year		Month Day Year		
	5 / 1 / 03		THROUGH 7 / 15 / 03		
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5 / 3 / 03		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
			City Representative		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

John T. Kemer

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

4,802.85

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>7</u>	
2 FILER NAME <u>John T. Kerner</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/11/03</u>	5 Payee name <u>Lucy's</u> 6 Payee address; City; State; Zip Code <u>4119 N. Mesa, El Paso, TX 79902</u>	7 Amount (\$) <u>\$11.64</u>	
8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign Lunch</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <u>5/21/03</u>	Payee name <u>Armando Rodriguez</u> Payee address; City; State; Zip Code <u>918 E. San Antonio, El Paso, TX 79901</u>	Amount (\$) <u>\$100.00</u> <u>\$100.00</u>	
Purpose of payment (See instructions regarding type of information required.) <u>Driving</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <u>5/21/03</u>	Payee name <u>Armando Rodriguez</u> Payee address; City; State; Zip Code <u>918 E. San Antonio, El Paso, TX 79901</u>	Amount (\$) <u>\$50.00</u>	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <u>5/1/03</u>	Payee name <u>Phillip's 66</u> Payee address; City; State; Zip Code <u>6200 N. Mesa, El Paso, TX 79902</u>	Amount (\$) <u>\$20.36</u>	
Purpose of payment (See instructions regarding type of information required.) <u>Gas</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/1/03

Ben Ivey

6 Payee address; City; State; Zip Code

945 S. Mesa Hills, #2705, EP, TX 79912

\$40.00

8 Purpose of payment (See instructions regarding type of information required.)

Poll

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/12/03

Angel Cruz

Payee address; City; State; Zip Code

1112 Montana, El Paso, TX 79902

\$40.00

Purpose of payment (See instructions regarding type of information required.)

Poll

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/21/03

Armando Rodriguez

Payee address; City; State; Zip Code

918 E. San Antonio, EP, TX 79901

\$40.00

Purpose of payment (See instructions regarding type of information required.)

Poll

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/1/03

Office Depot

Payee address; City; State; Zip Code

801 Sunland Park, El Paso, TX 79912

\$81.39

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7

2 FILER NAME

John T. Kerner

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

5/21/03

Armando Rodriguez

6 Payee address; City; State; Zip Code

918 E. San Antonio, El Paso, TX 79901

7 Amount (\$)

\$50.00

8 Purpose of payment (See instructions regarding type of information required.)

Driving

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/1/03

Office Depot

Payee address; City; State; Zip Code

801 Sunland Park, El Paso, TX 79912

\$52.21

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/5/03

PDX —

Payee address; City; State; Zip Code

100 PortFino Diaz, El Paso, TX 79902

\$546.13

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/2/03

Phillips 66

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

\$21.03

Purpose of payment (See instructions regarding type of information required.)

Gas

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7	
2 FILER NAME John T. Ketner		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/1/03	5 Payee name H+H 6 Payee address; City; State; Zip Code 9020 Mayflower, El Paso, TX 79925	7 Amount (\$) \$1,267.71	
8 Purpose of payment (See instructions regarding type of information required.) Direct Mail		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/12/03	Payee name Phillips 66 Payee address; City; State; Zip Code 6200 N. Mesa, El Paso, TX 79912	Amount (\$) \$20.94	
Purpose of payment (See instructions regarding type of information required.) Gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/7/03	Payee name Best Buy Payee address; City; State; Zip Code 9521 Viscount, El Paso, TX 79925	Amount (\$) \$101.73	
Purpose of payment (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/7/03	Payee name Post Office Payee address; City; State; Zip Code 219 Mills, El Paso, TX 79901	Amount (\$) \$37.00	
Purpose of payment (See instructions regarding type of information required.) Stamps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME

John T. Kerner

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/5/03

5 Payee name

Roberto Simental

6 Payee address; City; State; Zip Code

810 Myrtle, El Paso, TX 79901

7 Amount (\$)

\$200.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Work

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/03

Payee name

Ben Ivey

Payee address; City; State; Zip Code

945 S. Mesa Hills Dr. #2705, El Paso, TX 79902

Amount (\$)

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

918 E. San Antonio, El Paso, TX 79901

Amount (\$)

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/5/03

Payee name

Angel Cruz

Payee address; City; State; Zip Code

1112 Montana, El Paso, TX 79902

Amount (\$)

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME

John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/5/03

5 Payee name

Renee Delgado

7 Amount (\$)

\$200.00

6 Payee address; City; State; Zip Code

800 N. Mesa, El Paso, TX 79902

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Work

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/5/03

Payee name

Wade Ivey

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

P.O. Box 187, Tornillo, TX 78719

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/5/03

Payee name

Juana Alonzo

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

918 E. San Antonio, El Paso, TX 79901

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/3/03

Payee name

Mary Grace Kemer

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

109 Fir, San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

Campaign Work

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME

John T. Ketner

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/5/03

5 Payee name

Kern Place Florist

6 Payee address; City; State; Zip Code

2430 N. Mesa, El Paso, TX 79902

7 Amount (\$)

~~\$2000.00~~
\$221.91

8 Purpose of payment (See instructions regarding type of information required.)

G:Fr9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/8/03

Payee name

Ben Ivey

Payee address; City; State; Zip Code

945 S. Mesa Hills, #2705, 79912

Amount (\$)

\$500.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Party** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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